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PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number	09/993,344
		Filing Date	11/23/2001
		First Named Inventor	George Jackowski
		Art Unit	1649
		Examiner Name	Olga N. Chernyshev
Total (including pages in This Submission)		Attorney Docket Number	2132.096

(to be used for all correspondence after initial filing)

ENCLOSURES (Check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	McHale & Slavin, P.A.		
Signature	<i>Ferris H. Lander</i>		
Printed name	Ferris H. Lander		
Date	1/22/2007	Reg. No.	43,377

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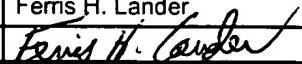
PTO/SB/17 (10-04v2)

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FEE TRANSMITTAL		Complete if Known	
for FY 2005		Application Number	09/993,344
JAN 22 2007		Filing Date	11/23/2001
Effective 10/01/2004. Patent fees are subject to annual revision.		First Named Inventor	George Jackowski
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Olga N. Chernyshev
TOTAL AMOUNT OF PAYMENT (\$)		Art Unit	1649
560.00		Attorney Docket No.	2132.096

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None				
<input checked="" type="checkbox"/> Deposit Account:								
Deposit Account Number				50-1803				
Deposit Account Name				Nanogen				
The Director is authorized to: (check all that apply)								
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments						
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FEE CALCULATION								
1. BASIC FILING FEE								
Large Entity Fee Code (\$)	Fee	Small Entity Fee Code (\$)	Fee	Fee Description		Fee Paid		
1001	790	2001	395	Utility filing fee				
1002	350	2002	175	Design filing fee				
1003	550	2003	275	Plant filing fee				
1004	790	2004	395	Reissue filing fee				
1005	200	2005	100	Provisional filing fee				
SUBTOTAL (1) (\$)								
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								
Total Claims	Extra Claims	Fee from below	Fee Paid					
Independent Claims	-20** =							
Multiple Dependent	- 3** =							
Large Entity Fee Code (\$)	Fee	Small Entity Fee Code (\$)	Fee	Fee Description		Fee Paid		
1202	50	2202	25	Claims in excess of 20				
1201	200	2201	100	Independent claims in excess of 3				
1203	360	2203	180	Multiple dependent claim, if not paid				
1204	200	2204	100	** Reissue independent claims over original patent				
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)								
**or number previously paid, if greater; For Reissues, see above								
Other fee (specify) _____								
*Reduced by Basic Filing Fee Paid								
SUBTOTAL (3) (\$)								
560.00								

SUBMITTED BY				(Complete if applicable)	
Name (Print/Type)	Ferris H. Lander		Registration No. (Attorney/Agent)	43,377	Telephone (561) 625-6575
Signature			Date	1/22/2007	

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